

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration submitted after Initial Filing		Attorney Docket Number	2001-0067
		First Named Inventor	Robert Raymond Miller II
		COMPLETE IF KNOWN	
		Application Number	
		Filing Date	
		Group Art Unit	
Examiner Name			

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Protocol Assisted Switched Diversity Of Antennas

(Title of the invention)

the specification of which

is attached hereto

• OR

was filed on _____ as United States Application Number or PCT International

Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of an application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) below.

Application Number(s)	Filing Date(MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto
		<input type="checkbox"/>

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DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number	Place Customer Number Bar Code Label here
OR	
<input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below	

Name	Registration Number	Name	Registration Number
CANAVAN, Robert T.	37592	CONOVER, Michele L.	34962
DELACRUZ, Cedric G.	36498	DWORETSKY, Samuel H.	27873
ISAACSON, Thomas M.	44166	LEE, Benjamin S.	42787
LEVY, Robert B.	28234	MCGAHAN, Susan E.	35948
MONKA, Gary H.	35290	NAVON, Jeffrey M.	32711

I also appoint the following additional registered practitioner(s) named on the Registered Practitioner Information (Supplemental Sheet) (PTO/SB/02C modified by AT&T Corp.) attached hereto with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith.

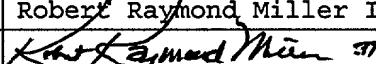
Direct all phone inquiries to: Steinmetz, Alfred G. 908-221-5462

Direct all written correspondence to:

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	Customer Number - 26652	or <input checked="" type="checkbox"/> Correspondence address below
---	-------------------------	---

NAME	Samuel H. Dworetzky			
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CITY	Middletown	STATE	New Jersey	ZIP CODE
COUNTRY	United States of America			

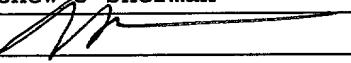
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor	<input type="checkbox"/> A petition has been filed for this unsigned inventor
Name	Robert Raymond Miller II
Signature	
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Address (line 4)	New Jersey
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Additional Inventors are being named on the 1 separately numbered sheets attached hereto

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page ofName of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

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Signature		Date
Citizenship		
Address (line 1)		
Address (line 2)		
Address (line 3)		
Address (line 4)		
Address (line 5)		
Zip Code		

Attorney Docket Number: 2001-0067

DECLARATION		Registered Practitioner Information (Supplemental Sheet)	
Name	Registration Number	Name	Registration Number
RESTAINO, Thomas A. SZWERC, Christine M.	33444 43177	STEINMETZ, Alfred G.	22971

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